BOOK REVIEWS

John M. Porter, MD, Book Review Section Editor

Atlas of endoscopic perforator vein surgery

Peter Gloviczki, John Bergan; London; 1998; Springer; 265 pages.

The title of this book belies its contents. *Atlas of endoscopic perforator vein surgery* suggests a pictorial presentation of the techniques of subfascial endoscopic perforator vein surgery (SEPS). However, of the 20 chapters, only 5 discuss the various surgical techniques, 1 describes perforator vein anatomy, and 2 describe some preliminary results of this method of treatment. The other 12 chapters describe the pathology, clinical features, investigation, and treatment of chronic venous insufficiency. This actually makes the book more interesting because these chapters contain well-researched, well-presented reviews of their subjects that collectively help the reader understand why we do not know whether perforator vein ligation—the object of SEPS—is a worthwhile treatment or not.

I suspect that the authors would have preferred a title such as "Perforator vein ligation; the role of SEPS." They could not have used this title because, in the absence of evidence from prospective controlled randomised clinical trials, we do not know whether perforator ligation, open or closed, is valuable. Consequently, they have been restricted to a rehearsal of the various theories of the causation of the clinical manifestations of chronic venous insufficiency, such as ulceration, and have had to concentrate on the theoretical arguments that justify the operation they are promulgating.

The anatomy, instrumentation, and various endoscopic techniques of SEPS are well described. The authors share their clinical expertise, give helpful technical tips, and admit the deficiencies of their technique in easy-to-read text supported by an abundance of high-quality colored illustrations. Nevertheless, I would have liked for all of the authors, in the midst of their enthusiasm, to have placed a far greater emphasis on the need to obtain good clinical evidence of the value of their techniques. Those who wish to use SEPS will find Chapters 11 to 14 of this book extremely helpful but, as with all new techniques, should first watch, help, and then perform under the eye of a trained mentor before beginning independent practice.

The chapters that discuss the causes of venous ulceration provide a comprehensive review of current theories—all of which are debatable. The chapters also give the authors' personal support to the endothelial and white cell activation hypothesis, which may be but one small part of the problem, and to the water-hammer effect of venous hypertension, which is a possible but completely unproven hypothesis. They also perpetuate the myth that the European phlebologists believed; until the mid 1970s, all perforator vein incompetence was post-thrombotic. This is not true. Frank Cockett's book, of 1956, clearly states that 56% of patients with ulcers and incompetent superficial/perforating veins had no phlebographic evidence of preceding deep thrombosis. Such comments indicate that the chapters that do not deal directly with SEPS are equally stimulating, informative, and well worth reading.

Therefore I recommend this book to all those with an interest in venous disease, not just for learning about a surgical technique, but as a source of thought-provoking facts and opinions on the problems of venous insufficiency.

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Vascular disease: a multi-specialty approach to diagnosis and management

Darwin Eton; Austin; 1998; Landes Bioscience; 560 pages; $49.00.

With the rapid growth of newer and increasingly sophisticated diagnostic technologies, the modern approach to patients with vascular disease has become more complicated and involves many different medical disciplines. *Vascular disease: a multi-specialty approach to diagnosis and management* is a compact, spiral-bound handbook that details the diagnostic evaluation and management of vascular disease from the perspective of various specialists. Although traditional vascular texts are written by vascular surgeons, the contributors to this text represent many nonsurgical fields, which include neurology, pathology, radiology, hepatology, nuclear medicine, and pulmonary medicine.

The initial emphasis of the text is on the continued importance of history and physical examination as the basis of clinical vascular assessment despite recent technologic diagnostic advancements. The main portion of the text is structured in an anatomic fashion and focuses on the evaluation of cerebrovascular disease, preoperative cardiac assessment, pulmonary imaging, aortic and iliac arterial disease, renal and mesenteric vascular disease, portal hypertension, peripheral arterial disease, diabetic foot problems, thoracic outlet syndrome, and venous and lymphatic disease. Although this handbook provides only a brief background on the actual disease processes, most of the detailed information concerns the appropriate diagnostic tests for each general area of vascular disease, which includes chapters on noninvasive vascular testing, nuclear medicine applications, use of computerized tomography and magnetic resonance imaging, and angiography. Technical and interpretive information is provided on many diagnostic tests. However, only a few guidelines are provided on which tests are useful in clinical practice, and

there is little description of treatment decision making. In this respect, the title of the text, *Vascular disease: a multispecialty approach to diagnosis and management* is somewhat misleading because most of the content focuses on the many specialties that are involved in the diagnosis and not on the actual management of vascular disease.

Although the contributors represent various specialties and provide insight that concerns diagnostic imaging of vascular patients lacking in most vascular texts, this diversity leads to some variability in content. Some chapters are well written with summarized descriptions of the appropriate diagnostic techniques, interpretations, limitations, and clinical applications, but others contain only illustrative radiographic images with brief descriptive legends. This inconsistency in style and lack of overall organization makes this handbook difficult to use as a quick reference.

Despite these criticisms, *Vascular disease* does provide some useful concise background on vascular diseases and diagnostic testing. The book should be considered a practical supplement to a traditional vascular textbook for those seeking additional information on the modern diagnosis of vascular disease but not a comprehensive source for management decisions.

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Surgical research: basic principles and clinical practice, 3rd ed.

H. Troidl, M. F. McKneally, D. S. Mulder, A. S. Wechsler, B. McPeek, W. O. Spitzer; New York; 1998; Springer-Verlag; 695 pages; $98.00.

Foreword to the Third Edition:

"Today, the excitement in surgery is about espousing the new molecular anatomy. Surgeons still see the blood and gross anatomical structures as the operation progresses, but their mind's eye is now focused on invisible structures—the growth factors, interleukins, adhesion molecules, second messengers, and transcription factors—that may be disturbed by the disease and by the knife. Today's surgeon is an implicit molecular biologist."

Sir James Black

Noble words. Exciting ideas. Ambitious agenda. God bless Sir James for his inspirational and onward exhortations. We need these encouragements. Academic medicine and surgery and academic aspirants and their respective protagonists may also need a book like this one, but more on this later.

This text is now in its third edition, which speaks well for its appeal and perceived need. Originally published in 1987, with the title *Principles and practice of research: strategies for surgical investigators,* it is organized into 9 sections and 68 chapters by 162 essayists. Several authors have made more than one contribution. The nine section headings include the following titles: "The surgeon as investigator," "Reading and writing," "Speaking and listening," "Design and methods," "Funding," "Implementation," "Analyzing outcomes," "Ethical issues," and "Perspectives." The contributors encompass an international list of surgical greats and their associates. This edition contains more than 40 new topics, which include developing new information in community practice, computer-based literature searches, and research in surgical education, plus expanded sections on technology assessment, outcomes analysis, and ethics.

The senior editor's introduction to the first edition posits the provenance of the book: "...that while research problems had much in common around the world and many scientists had developed fruitful strategies and tactics for dealing with the problems associated with surgical research, there was no readily accessible source of information about much of the methodology that was evolving so rapidly. The idea of a book on feasible technology for research in surgery and other clinical disciplines became compelling. It would cover the principles of experimental design, biostatistics, epidemiology, starting and finishing research, and the diffusion of results."

The product of this "compelling idea" is a collection of an enormous amount of information (sometimes expert) and personal experience with methods and processes of bench, clinical, and paper research, plus a generous serving of biographical and autobiographical material, surgical history, and a smattering of the history of the basis of western philosophy. Anecdotes abound. All this is entertaining and adds to one's erudition. Much of it is important and of substantial help for the neophyte. For the fatigued and overburdened young surgeon in training or embarking on a first academic appointment, however, it may be a low-level competitor for attention. Sections VI and VII—"Design and methods," and "Analyzing outcomes,"—are helpful. These sections and other focused problems may constitute reason enough for the construction and purchase of the book. Other readers, and there may be many, will find their own interests and needs well served by selectively reading the text. The text displays a weakness of many multi-authored books, which is a lack of firm and unequivocal editorial scrutiny.

Repetition, overlap, and personal opinions and recommendations are frequent. Several chapters might be omitted altogether in the interest of conserving the reader's need to continue with the objective: learning the principles and practice of surgical research.

All said and done, a troublesome question surfaces: why should a book like this, excellent and all inclusive as it is, have a three-edition market? Why does the need exist? Is there a programmatic lapse in many academic training programs? The follow-up question is: do departments of academic surgery exist that do not or cannot provide the fundamental tools, sophisticated mentors, and career opportunities that this text states are so sorely needed by the young people recruited (at both resident and junior faculty levels), and do the departments, despite this defi-